

MAHLE

Driven by performance

MAHLE Engine Components USA, Inc.

Perfect Circle North America
721 Blackjack Road
Franklin, KY 42135



November 2008

Application for Storm Water Reconsideration Permit Application

*Elimination of pollutantants & reduction
in Frequency of sampling*

Prepared by:

Hitch Environmental

1109 Lovers Lane Suite 2A

Bowling Green, KY 42103

(270) 843-6012

MAHLE USA

Storm water Permit Reapplication

Executive Summary

This application was prepared for the MAHLE Corporation following discussions of reduced sampling requirements and frequency with KYDAQ. Data that is attached was either measured or calculated using USEPA approved methods.

Applicability - The testing was conducted to permit requirements as listed in the current KPDES permit for storm water discharges from plant operations. These samples were collected and calculations were conducted according to guidance given by the Facility Manager and the KYDAQ Bowling Green Field Office.

Standards - This testing included source sampling practices and standards as required by USEPA and the State of Kentucky as listed in published documents. There were no irregularities or questionable aspects noted in the sample collection or data calculations. This testing consisted of approved test methods.

Summary - The testing conducted is technically and procedurally correct so as to provide reliable and accurate measurements.

Calculations - The attached documents represent sampling results for the last four years.

Permit adjustments - We are specifically seeking relief and re-evaluation of parameters that have historically been required but are no longer present on site or not being found in the stormwater discharges. Specifically...

limits for Cadmium, Copper and Trichloroethene - As evidenced by samplings the cadmium, copper and trichloroethene have been consistently non-detect and are either not present at the facility or not exposed to storm waters. Also levels of the remaining pollutants are low so we would request that sampling frequency be reduced to semi annual.

The intention of this reapplication is to allow the Kentucky Division of Water to evaluate the discharge limits and allow for limits that reflect materials that are currently on site at the facility and an associated reduction in sampling frequency. This permitting effort along with facility changes and testing should put the facility in a position to consistently attain compliance with the storm water discharge program.

As always the MAHLE USA staff and management stand in full cooperation with the Kentucky Department for Environmental protection and are available to discuss and address any concern that the State of Kentucky may have.



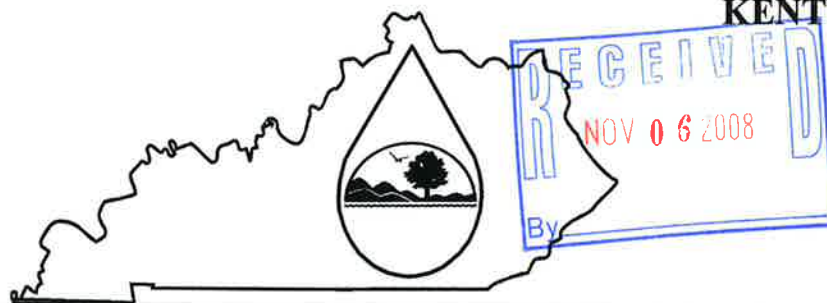
Darryl L. Hitch
Project Manager

KPDES FORM 1

A24 3970

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☐ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☒ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

OK 2005

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0093998
A. Name of Business, Municipality, Company, Etc. Requesting Permit MAHLE			
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.	
Facility Location Name:		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Mahle, Franklin, KY		Joshua Judge	
Facility Location Address (i.e. street, road, etc., not P.O. Box):		Mailing Address:	
721 Blackjack Road		721 Blackjack Road	
Facility Location City, State, Zip Code:		Mailing City, State, Zip Code:	
Franklin, KY 42134		Franklin, KY 42134	
D. Owner's name (if not the same as in part A and C):		Facility Contact Telephone Number:	
		270-237-1957	
Owner's Mailing Address: Same		Owner's Telephone Number (if different): Same	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Parts and rings for internal combustion engines.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: 3592 – Carburetors, Pistons, Rings and Valves

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Simpson

City where facility is located (if applicable):

Franklin

C. Body of water receiving discharge:

Ground Water

D. Facility Site Latitude (degrees, minutes, seconds):

See Attached Map

Facility Site Longitude (degrees, minutes, seconds):

See attached map

E. Method used to obtain latitude & longitude (see instructions):

Map Spot

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Storm Water Discharges	Telephone Number: Plant Contact
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY0093998	Issue Date of Current Permit: 1 September 2006	Expiration Date of Current Permit: 31 Aug 2011
Number of Times Permit Reissued: 0	Date of Original Permit Issuance: 1 September 2006	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		Permit Issued
Solid or Special Waste		
Hazardous Waste - Registration or Permit	KYD001	Registration

VI. DISCHARGE MONITORING REPORTS (DMRs)
--

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Joshua Judge
DMR Official Telephone Number:	270-237-1957

B. DMR Mailing Address:	
<ul style="list-style-type: none"> Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address. 	
DMR Mailing Name:	Mahle Corp.
DMR Mailing Address:	P.O. Box 486
DMR Mailing City, State, Zip Code:	Franklin, KY 42134

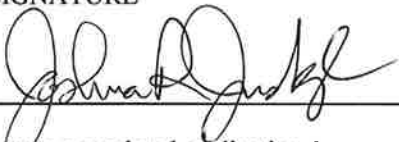
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

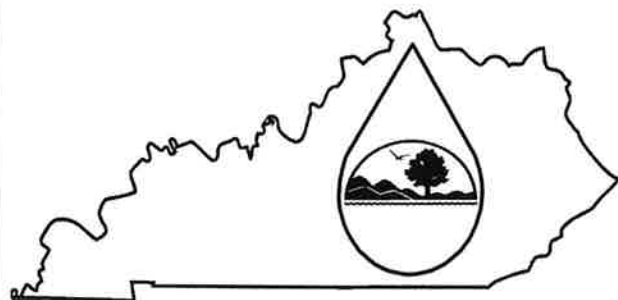
Facility Fee Category:	Filing Fee Enclosed:
Non-Process Industry	200.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Joshua Judge	270-237-1957
SIGNATURE	DATE:
	5 NOV 2008

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION	AGENCY USE	0	0	9	3	9	9	8
----------------------------	------------	---	---	---	---	---	---	---

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
1							Ground

II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementaiton schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.
None					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
1	As Constructed				

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

All materials stored covered.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
1	Spill containment	

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Joshua Judge		5 Nov 2008

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Observation

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

None

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

See attached

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

See attached

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).
☒ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)

AREA CODE AND PHONE NO.

Mr. ☐ Ms. ☐ Joshua Judge

270-237-1957

SIGNATURE

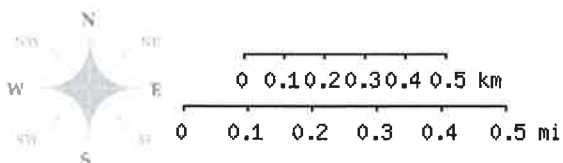
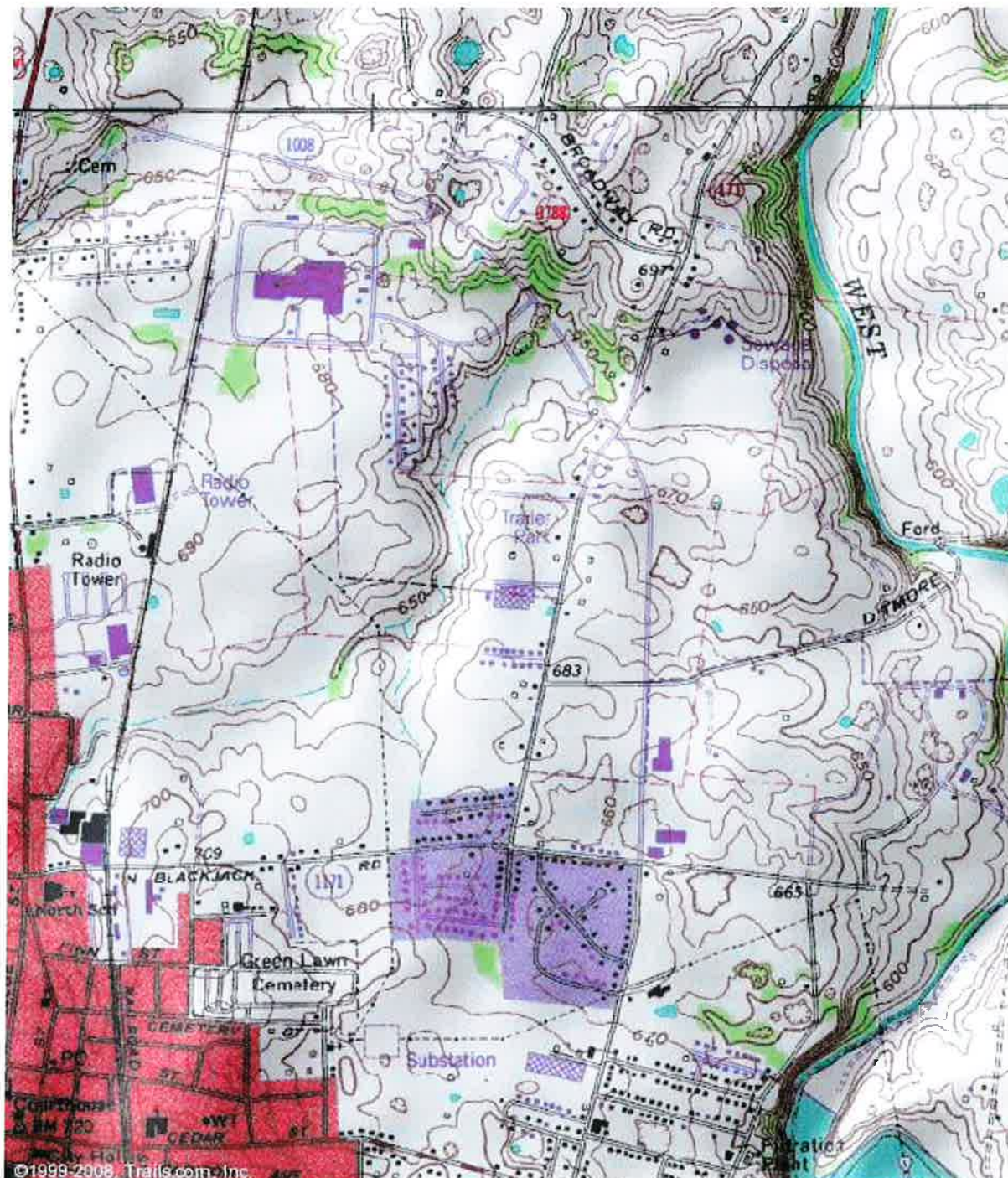
DATE SIGNED

5 Nov 2008

OUTFALL NO: 1

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	See Attached	N/A				
Biological Oxygen Demand BOD ₅						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Kjeldahl Nitrogen						
Nitrate plus Nitrite Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum		

[illegible]



36.7368°N 86.5618°W